

**REFUSAL TO GIVE CONSENT TO ADOPTION -  
Alleged Natural Father**

 Original: Court Record  
 Copy: Parent  
 Copy: Case Record

**INSTRUCTIONS:**

This form is to be completed by the alleged natural father who refuses to consent to the adoption of his child. If the form is signed in California, it shall be signed in the presence of a representative of the State Department of Social Services or a licensed California county adoption agency that investigates independent adoptions. The representative completes Section A. If the form is signed outside of California, it shall be signed in the presence of a notary who completes Section B.

COUNTY

ACTION NUMBER

I, \_\_\_\_\_, the alleged natural father of \_\_\_\_\_ born on \_\_\_\_\_  
(NAME OF MINOR)  
 \_\_\_\_\_ refuse to give my consent to the adoption of said child by \_\_\_\_\_.  
(CHILD'S BIRTHDATE) (NAME OF PETITIONER(S))

I understand that signing this form does not stop the adoption. I understand that if I want to stop the adoption I must take legal action as soon as possible.

I understand that if I want to be a father to this child, I must get a court order that says I am this child's father and that gives me physical custody of my child. I have the right to retain a lawyer to help me do this.

I understand that the adopting parents can go to court and ask the court to end my rights as this child's parent. I have the right to retain a lawyer to help me argue against this.

**SECTION A** COUNTY SIGNED IN

SIGNATURE OF PARENT

LOCATION SIGNED

DATE SIGNED

,19

SDSS DISTRICT OFFICE OR COUNTY ADOPTION AGENCY;

SIGNATURE OF SDSS OR AGENCY REPRESENTATIVE

**SECTION B** SIGNED OUTSIDE OF CALIFORNIA

STATE OF

COUNTY OF

Before me, \_\_\_\_\_ a Notary Public in and for said  
 County and State, personally appeared \_\_\_\_\_,  
 known to me to be the person whose name is subscribed to the within instruments, and acknowledge that he executed the same.  
 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day  
 of \_\_\_\_\_ 20\_\_\_\_\_.

**AFFIX NOTARIAL SEAL**

SIGNED



NOTARY PUBLIC IN AND FOR SAID STATE AND COUNTY

MY COMMISSION EXPIRES: